

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-575,905

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		10				
13		10				
14		10				
15		10				
16		10				
17		10				
18		10				
19		10				
20		①				
21		①				
22		①				
23	1					
24		1				
25		1				
26		1				
27		4				
28		4				
29		①				
30		①				
31		①				
32		①				
33		①				
34		①				
35		①				
36		①				
37		①				
38		①				
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48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	113	←		←		←
TOTAL CLAIMS	116					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						